

Script Number	Date Rx Written	Date Filled	Refill Number	DEA Name	Product Name	Quantity Dispensed	Days Supply	Strength	Last Name Initial	First Name Initial
------------------	--------------------	-------------	------------------	----------	--------------	-----------------------	----------------	----------	-------------------------	--------------------------

0QNJ5623	6/5/2013	6/5/2013	0	MIRILASHVILI, MOSHE B MD	OXYCODONE HCL 30MG USP TABLETS	90	30mg	30	A.	K.
----------	----------	----------	---	-----------------------------	-----------------------------------	----	------	----	----	----